



Mulanje Mission Hospital

Strategic Plan 2023-2028



Table of contents

FOREWORD	3
1. INTRODUCTION.....	4
2. ACHIEVEMENTS DURING 2016-2022 STRATEGIC PLANNING PERIOD.....	8
3. HIV/AIDS, TUBERCULOSIS AND PALLIATIVE CARE	11
4. MATERNAL, NEONATAL AND CHILD HEALTH	12
5. INPATIENT SERVICES AND ACCREDITATION/QUALITY IMPROVEMENT PROGRAMMES	13
6. PUBLIC HEALTH AND PRIMARY CARE SERVICES	14
7. YOUTH WORK AND ORPHAN/VULNERABLE CHILDREN PROGRAMME	15
8. MANAGEMENT SUPPORT FOR SERVICE DELIVERY	16
9. TEACHING AND LEARNING.....	18
10. PARTNERSHIPS AND COMMUNICATION	18
APPENDIX – MONITORING AND EVALUATION FRAMEWORK.....	21
<u> </u> A. HIV/AIDS, TUBERCULOSIS AND PALLIATIVE CARE	21
<u> </u> B. MATERNAL, NEONATAL AND CHILD HEALTH.....	23
<u> </u> C. INPATIENT SERVICES AND ACCREDITATION/QUALITY IMPROVEMENT PROGRAMMES	26
<u> </u> D. PUBLIC HEALTH AND PRIMARY CARE SERVICES	31
<u> </u> E. YOUTH WORK AND ORPHAN/VULNERABLE CHILDREN PROGRAMME.....	33
<u> </u> F. MANAGEMENT SUPPORT FOR SERVICE DELIVERY.....	34
<u> </u> G. TEACHING AND LEARNING	39
<u> </u> H. PARTNERSHIPS AND COMMUNICATION	40

Foreword

This Strategic Plan is the result of a planning and consultation process carried out by Mulanje Mission Hospital management team, with input from partners, between August 2022 and May 2023.

The aim of this document is to provide guidance to the management team in the coming years, to inform partners and donors and enable the hospital to take stock of progress and areas that needs more attention.

In the introduction, the reader will find the overall strategic goal for five years, and background information on the hospital.

The following process was followed:

- MMH management team reflected on achievements so far, shared ambitions, SWOT-analysis and agreed the strategic planning process (1 full day)
- Management set a list of objectives
- Departmental heads organized feedback and input sessions on the objectives for all staff
- Management agreed on activities and monitoring framework
- Insights from guiding documents such as Malawi Health Sector Strategic Plan III incorporated
- Draft circulated for comments of key stakeholders - Proprietor, major donors, Director of Health and Social Services, staff
- Strategic plan finalized and circulated

Without regular review, a strategic plan is just a stack of papers. Therefore, a detailed list of objectives and key performance indicators was developed, to be reviewed at least annually for progress.

We would like to thank Dr. Lisanne Glas for her contribution. We hope this plan will guide the efforts made by many in and outside the hospital, and inform about potential avenues for partnership.

Thank you for your interest in our work!

Pearson Soka, Principal Hospital Administrator
Tabu Gonani, Principal Nursing Officer
Tikondwe Katumbi, Primary Healthcare Coordinator
Richard Nyirenda, Senior Accountant
Arthur Chikatentha, Senior Human Resource Management Officer
Dr. Daniel Chiluzi, Medical Officer- in Charge
Dr. Arie Glas, Medical Director

August 2023

1. Introduction

1.1 Overall strategic goal for 2023-2028

“To improve health in our community through provision of high-quality services, and to improve financial sustainability of Mulanje Mission Hospital.”

1.2 Cross-cutting themes

The Plan has been drafted based on the various areas existing areas of work, for example Maternal and Child Health and Inpatient services. Some themes are crosscutting and apply to all areas. The following three were identified as critical for all areas of work:

- Improve quality of service and outcomes in all departments
- Manage and use hospital and financial data in an efficient way, improving outcomes and productivity
- Reduce risks across all departments through active risk reduction, preparation and planning

1.3 Background information on Mulanje Mission Hospital

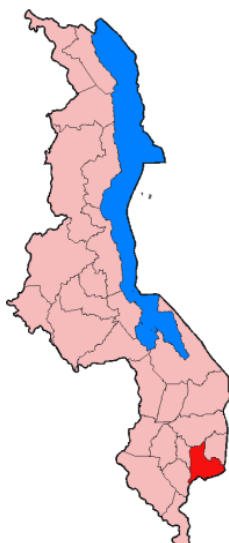
1.3.1 Vision and Mission Statement

Vision: ‘To work in partnership to serve the community so that people are able to recognize health problems and seek holistic health care services based on Christian values, to improve their quality of life.

Mission: ‘Mulanje Mission Hospital is a health facility under CCAP Blantyre Synod committed to provide quality preventive, curative, rehabilitative and palliative health care to the community in the catchment area and all others who seek our services, irrespective of sex, age, religion, nationality or social status, in an environment where Christian values are upheld’

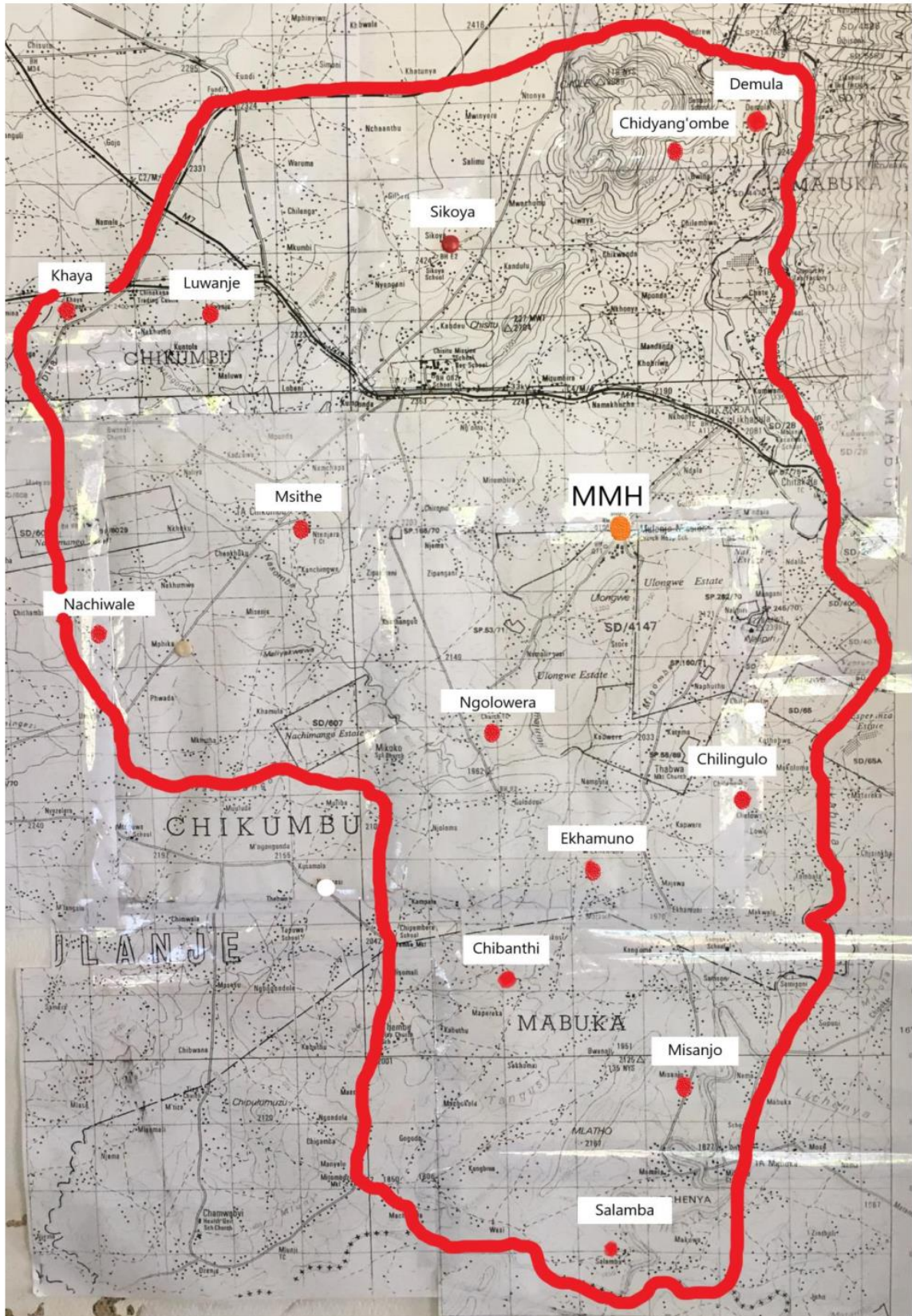
1.3.2 Context and catchment area

Mulanje District has a population of 749,359 people. See map for location in Malawi. Hospital services for the district are provided by Mulanje District Hospital and Mulanje Mission Hospital. MMH also provides services to some who travel from outside the district, including from Mozambique. MMH provides primary care services to a smaller area within Mulanje district, consisting of 72 villages and about 100,000 people. Primary care is provided at 13 outreach clinics across the area. Outreach clinics are provided in purpose-built community-managed village health posts as in the map on page 7.



Location of Mulanje District within Malawi

MMH Catchment area and outreach clinics



1.4 Governance

Mulanje Mission Hospital reports to the Health Board of CCAP Blantyre Synod. The members of the Health Board in early 2023 are:

E. Sitolo - Chairperson	Private lawyer	Blantyre
Rev. I. Chikopa	Head of Station	Mulanje Mission
Mrs. W. Kumwenda	Reserve Bank (retired)	Blantyre
Rev. B. Maulidi	Blantyre Synod	Blantyre
Mr. D. Jumbe	Accountant	Blantyre
Mr Shadreck Ulemu	Engineer	Blantyre

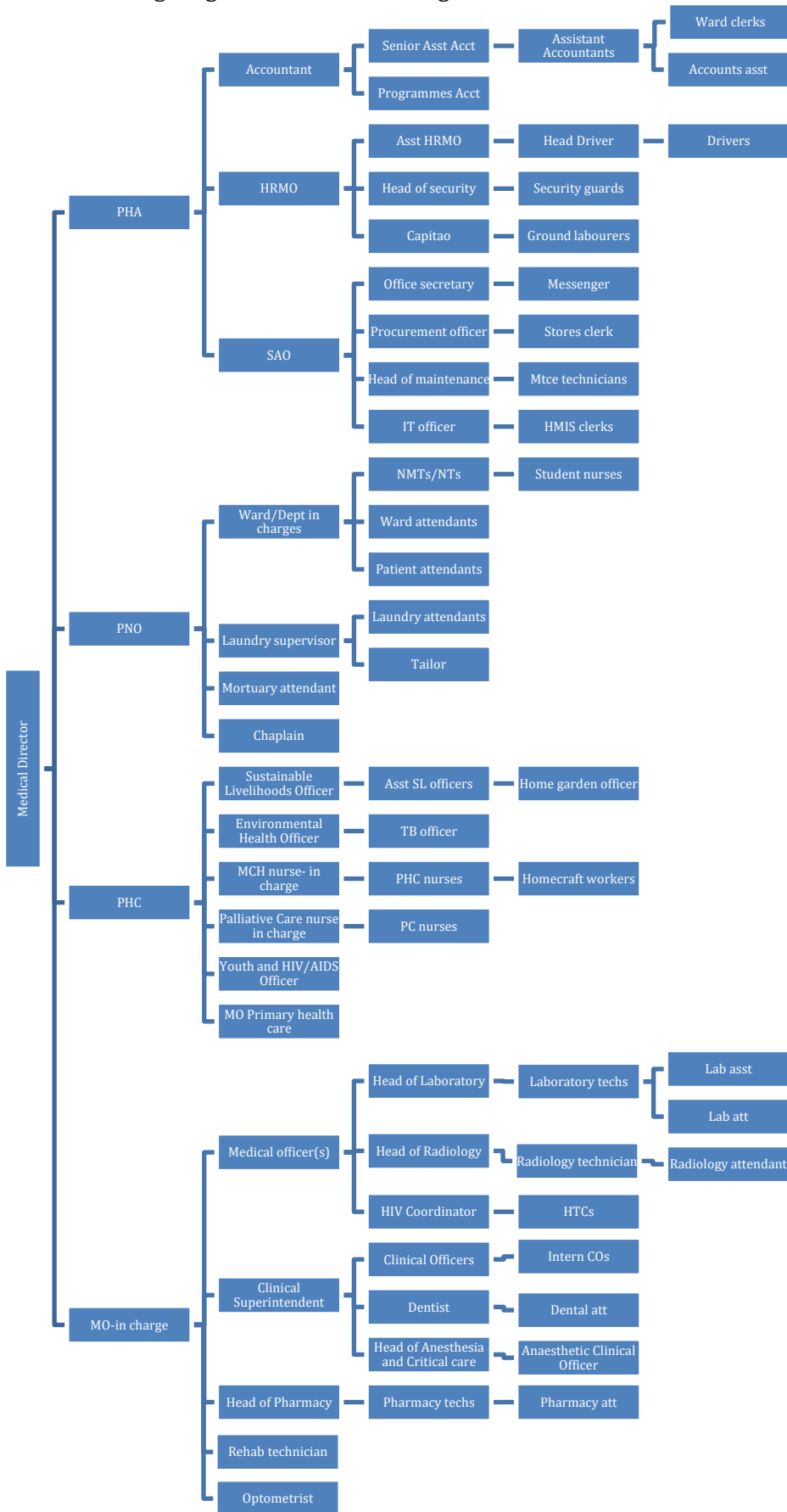
The auditors appointed for MMH accounts are Graham Carr Ltd, Blantyre, Malawi. Audited accounts are available from MMH and published on the MMH website following publication.

The Hospital Advisory Committee with membership from the local community. MMH is working to strengthen the role of Hospital Advisory Committees and Village Health committees in universal delivery of the Essential Health Package through various programmes.



MMH Management team, August 2022

This organogram shows the management structure of MMH.



1.5 Staffing

Partners should be aware of the critically difficult situation MMH is facing in terms of staffing levels. This is laid out in detail in chapter 8. Without a more adequate staff establishment, or at least a return to the situation before the recruitment ban instated in 2021, the clinical care improvements planned will be difficult to achieve. Such a situation would likely result in cheaper and therefore less experienced and qualified staff recruitment and require senior management day-to-day involvement in patient care leaving little time for teaching and development.

Improvement in areas covered in chapter 3 (HIV and palliative care), 4 (Maternal, neonatal and child health) and 5 (In patient care) would be especially vulnerable to staffing shortages.

1.6 Provision of services in coordination with the Government of Malawi

MMH provides free services to patients from within the catchment area. As of 2023, this includes maternal, neonatal and under-five health, non-communicable diseases and palliative care. Service level agreements (SLAs) are signed annually in the form of a contractual agreement. MMH has the third largest SLA agreement in Malawi as of date.

During certain periods however, reimbursements are not paid out for many months or years, leading to acute financial shortages. As of August 2023 the outstanding bill to the GoM amounted to 138 million MWK, which is about 3 ½ months of the hospital operational budget. This directly and negatively impacts quality of care.

The GoM in its' third Health Sector Strategic Plan (2023) alludes to continue engaging the services of mission hospitals to reach health targets, especially in rural areas. However, concrete strategies are not shared and indicators not set out specifically for this coordination. For Mulanje district certainly, it seems difficult to achieve acceptable quality and reach of healthcare without MMH being available to the population at zero or low cost.

MMH, and presumably other mission hospitals too, are in urgent need of firm strategic targets, concrete guidance and consistent corresponding support from the Government and partners supporting the national health budget in light of the issues set out under 1.5 and 1.6.

2. Achievements during 2016-2022 Strategic Planning period

MMH can claim considerable achievements in recent years. These include

2.1 Rebuilding and renovation programme

- Improvements to hospital water supply (2016)
- Renovation of the Laboratory (2017)
- Renovation of NRU into Thandizani Resource Centre (2017)
- Opening of a High Dependency Unit (2018)
- Renovation of NCD clinic (2019)
- 2 new community health posts opened (2019)
- Refurbishment of Maternity Unit (2020)
- Refurbishment of paediatric ward including ICU, isolation and burns area (2020/21/22)
- Development of Isolation ward including C-19 care to higher standards (2021)
- Construction of Eye care and Dental Clinic (2021/22)
- Opening of Rehabilitation Department in new clinic (2023)
- Expansion and renewal of solar power with 3 phase supply to all departments (2022)
- Private Outpatients, Private Children's, Male and Female wards renovated (2022)

- Ongoing staff house construction and renovation over the years
- Sustainable Livelihoods programme started with five irrigation schemes constructed (2016 -)

2.2 Primary Care and public health

- Increasing numbers of clients on ART achieving viral suppression targets
- Continuation of malaria control strategy, maintaining exceptionally low malaria rates and development of a strategic plan on malaria control
- Improving water supplies and sanitation in villages and at MMH
- Improved quality of OVC programme
- Development of Teenage Pregnancy Prevention Programme (since 2020)
- Expansion of NCD treatment and diagnosis to outreach clinics (since 2018)
- Development of palliative care at MMH and 6 other health facilities
- Major responses to natural disasters in 2019, 2022 and 2023: over 4000 latrines constructed and thousands assisted with food support
- Sustainable Livelihoods Programme conceptualized and started (2017, ongoing)
- Five irrigation sites covering >50 hectares established, 15 model sustainable livelihood villages in programme

2.3 Improving quality and reach of patient care

- Provision of digital X-ray (2018) and improved digital ultrasound service (2022)
- Maintaining a low inpatient mortality rate and low maternal mortality rate
- Culture facilities are now available at the lab when funds allow
- Innovations including Urine LAM for TB, GenXpert and rapid tests for cryptococcal infections improved care of HIV patients
- Opening of Asthma clinic (2017) and Epilepsy clinic (2021)
- Important indicators for care are reported to staff monthly via HMIS/IT department (since 2019)
- Development of hospital wide app with local protocols and guidelines (in progress)
- Certificate of recognition for maintenance of nursing, midwifery and education standards from MoH
- Maintaining CPD for staff and an active capacity building programme
- Started to participate in national Accreditation programme
- Eye services started, with first Cataract surgery performed in 2023

2.4 Partnerships and Fundraising

- Attracted new funding from various partners for capital, CPD and programmatic investments and maintained existing partnerships. Zero-corruption policy maintained and enforced.
- Attracted funding for carbon emissions compensation for tree-planting programmes
- Improved website ready for mobile use including annual audited Financial Statements.
- Without fail produced a quarterly online and print Newsletter.
- Maintained well circulated social media accounts including Facebook, Twitter and Instagram

2.5 Challenges

However, the hospital also faces considerable challenges:

- Low literacy, widespread poverty and high population growth in the catchment area so that many families struggle to afford even highly subsidised healthcare
- Increased floods, droughts and climate-change associated health problems such as cholera outbreaks
- Financial management in an increasingly difficult climate, with government funding decreasing and concerns about misuse of funds in Malawi leading many donors to withdraw
- Maintaining drugs and clinical supplies with a high inflation rate (>20%) and global supply chain problems during and after the C-19 pandemic.
- Scaling up programmes such as HIV/AIDS, TB and MNCH to increased need and population size
- Scaling up services to assist with the increasing burden of non-communicable diseases such as diabetes, hypertension and cancer in the absence of concerted national efforts
- Infrastructure improvement – reliable and sustainable power and water supplies, preventative maintenance and providing for new service requirements continues to be a financial challenge
- Providing staff training opportunities for capacity-building and appropriate salaries when staff come back from training
- Maintaining adequate numbers of staff on the government payroll; for example, since 2021 until today not a single leaving staff member was allowed to be replaced, leading to increasing financial difficulty.

2.6 Top-ten areas of work

These are the top ten areas of work for Mulanje Mission Hospital and Primary Care team. Numbers are per year, taken for 2020-21.

- HIV/AIDS, with about 400 new HIV infections detected, and over 6,000 clients on ART with 27,000 clinic attendances, and 1800 palliative care clinic attendances
- Under 5 services – immunisation, nutrition surveillance and over 25,000 outpatient visits
- Primary care: 30,000 general out-patient visits and prison health programme for 400 inmates
- Family planning – over 17,000 patient visits and 2,800 cervical cancer screening visits
- Reproductive health – 2,700 new antenatal visits and 2,800 deliveries, and the nursery providing care for 750 premature and low birth weight babies
- Non-communicable disease - over 8,000 visits for asthma, diabetes, hypertension and epilepsy
- Malaria - 4,500 cases and an active prevention programme including indoor residual spraying
- Assisting the community with TB detection and treatment, improved water and sanitation
- Over 300 dental cases attended to
- Food security – supporting communities to adopt improved agricultural practices and diversify food sources

2.7 Strengths, weaknesses, opportunities, threats

Hospital management agreed on the following SWOT analysis during a field session in August 2022.

<p>Strengths</p> <ul style="list-style-type: none"> • Long history and social capital • Strong tie with chiefs and community • Recognized as centre of excellence (e.g., infection prevention, NCD, malaria control) • Well trained management team (all but one have a higher degree, 3 with MBA as of 2023) • Track record of successful project execution, to standards of FCDO • Dynamic, strong network of >25 larger partners in >8 countries on 4 continents • Network of 13 outreach clinics in catchment area • Clinical care at above average standard 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Dependent on govt. funding for service provision (SLAs) and salaries - dwindling CHAM influence • Paper-based administration • Poor staff accommodation for some • Poor water supply for staff houses • Poor security on campus • High running costs (water, equipment) • High use of antibiotics • Donor dependency • Not utilising potential income from private patients at MMH fully
<p>Opportunities</p> <ul style="list-style-type: none"> • Motivated departmental leaders with proven record of positive quality improvements • Build on successes in PHC, e.g. vector control programme • Growing middle-class among clients • Staff with specialised skills are available (surgery, Ob/Gyn) • Development of specialised services (Eye, Rehabilitation) has started • Solar equipment now available to reduce running costs and plenty of experience with solar • Some potential for specialized services 	<p>Threats</p> <ul style="list-style-type: none"> • CHAM lacks influence and lack of coordination between MMH and MoH at higher level • Weak governance in district and nationally • Culture of corruption in Malawi • New diseases e.g. C-19, undoing progress • Antibiotic resistance rising • Staff establishment not growing with population and health needs but rather shrinking.

3. HIV/AIDS, Tuberculosis and Palliative Care

3.1 Introduction

HIV and AIDS continues to be a huge burden of disease in Mulanje – the prevalence in the South West region is 9.9% for men and 16.1% for women aged 15-49, the highest in Malawi. (MPHIA, 2022). The most urgent area of work is to prevent new infections, mostly among young women and girls, and identify those with HIV not on treatment.

New interventions such as pre-exposure prophylaxis will become available in the coming years. Tuberculosis rates have risen since the C-19 pandemic and prevention is currently underfunded compared to other disease prevention efforts.

The Palliative Care department is largely taking care of patients with HIV who develop secondary conditions following HIV infection, such as cancer.

MMH is committed to:

- Prevent the further spread of HIV/TB infection,
- Mitigate the health, socio-economic and psychosocial impact of HIV and AIDS and TB on individuals, families, communities and the nation.

Compared to other areas, funding for HIV/AIDS related activities is scarce. Advocacy will be vital to ensure adequate resources.

3.2 Objectives

We would like to do the following: reduce new cases of HIV/AIDS, achieve the 95/95/95 treatment and viral suppression targets, provide the best PMTCT programme in Malawi, improve the care of advanced HIV and cancer, and continue providing quality palliative and home-based care to all who need it in our area.

In addition, we plan to provide more support to families with a member requiring palliative care in their midst and improve the economic situation of these families.

A very vulnerable group are sex workers – we plan to establish groups and work with them more intensively to prevent new HIV infections. Please refer to the table at the end of this Strategic Plan for planned activities and targets.

Tuberculosis is an area of strong need; we would like to continue community efforts such as the establishment of community sputum collection points and contribute to novel ways of TB diagnosis including through AI (e.g. CAD4TB).

3.3 Inputs needed

Good leadership and teamwork across departments will be essential to achieve these. MMH plans to continue working closely and in a well-regulated partnership with externally funded HIV care providers, such as currently Partners in Hope does. The post of ART coordinator will continue to be supported financially. Discordant couples deserve support and we strive for consultations by the HIV Officer.

The PHC department will strive to continue working with teenagers and especially girls to prevent HIV infection and pregnancy and has a strong foundation to do so in the current teenage pregnancy prevention programme (since 2020).

Clinicians and nurses will continue to be trained in palliative care as need arises – with a BSc. and shorter courses in palliative care now available in Malawi. Trained staff are already available.

To achieve more support for palliative care patients and their families, programmatic funding will be required. Agricultural support can be provided through the SL programme whereas for meetings and support groups infrastructure at the Youth Centre or PHC Training Centre can be utilised.

As a Mission hospital we are especially committed to make pain relief, spiritual support and economic support to these most needy clients available and will continue to advocate for them.

4. Maternal, neonatal and child health

4.1 Introduction

MNCH is our core business – MMH existed for decades as a maternity clinic before becoming a fully-fledged hospital. A promising new path for quality improvement was chosen when we joined the Ministry of Health/COHSASA sub-Saharan African accreditation programmes touching on many areas of clinical care.

We want to continue investing in community programmes so that women and men from the area know when to come for maternal care and indeed receive appropriate care.

Quality MNCH leading to good outcomes depends on many factors such as the level of community investment and trust, the availability of a network of outreach clinics, fuel and medicines, well trained and motivated staff in adequate numbers, medical equipment, electricity and water to name a few. In

this chapter we present ambitions for the coming five years, keeping in mind that to hold fast to progress already made is a big task in itself.

4.2 Objectives

The overall objective is to reduce maternal, infant and under-5 mortality through provision of community-based preventative services, and outpatient and inpatient reproductive health and paediatric services. During the coming period we aim specifically at the following:

- Increase uptake of long-term family planning (FP) methods resulting in reduced number of unwanted pregnancies and achievement of reproductive targets.
- Expand partnership with communities through safe motherhood committees, leading to better coverage of early antenatal care, higher male participation and better cooperation
- Strengthen the use of proven clinical strategies such as ETAT for care in under-fives and reinforce clinical and nursing expertise including in the new paediatric HDU
- Reduce the burden of cervical cancer in the area through screening and treatment, including biopsy and referral of cancer cases
- Work with schools to improve dental hygiene, water, sanitation and nutrition
- Improve provision of not only quality, but respectful maternity care

4.3 Inputs needed

The Primary Health Care department will need programmatic funding to carry out community MNCH programmes which successfully reduced and maintained low morbidity and mortality over the past decade. At least one extra nurse is desirable for the MNCH and FP work. Cooperation with the government will continue to uphold successes in vaccination uptake, now at risk post-Covid and advocacy for adequate provision of family planning and other clinical materials. The hospital will continue advocacy for fair remuneration of care costs from government.

Structural quality improvement, now mainly in the form of the Accreditation programme, will be supported by management and require some funding. This has potential to allow large steps forward against relatively low financial costs but needs much more senior nurse and clinician involvement. In terms of infrastructure, we aim for a separate out-patient area for children under five, preferably realized within a larger out-patient renovation and expansion (see also chapter 8).

5. Inpatient services and Accreditation/Quality Improvement programmes

5.1 Introduction

MMH aims to improve continuously the quality of inpatient services provided. Foundations were laid in the past decades but there is still a lot of work to be done before all care is according to global standards.

5.2 Objectives

Overarching goals are to minimize the % of babies born with severe birth asphyxia, in-patient mortality and complaints received from patients. To achieve that we also aim for scores of 90% or higher on

infection prevention and reproductive health assessments. Stockouts must be reduced to a minimum through efficient management and a sound financial basis.

Service integration must be worked on, for example HIV and NCDs or NCDs and Eye Care in one appointment to provide better care with less burden to the patient.

We plan to strengthen staff at the level below management to handle patient quality issues. Several committees will be formed or strengthened to deal with resuscitation, medical equipment, drugs and therapeutics. Management aims to make these areas gradually less dependent on senior leadership's daily involvement.

Surgical clinics and operations can be improved in quality and volume through training and occasionally having visiting specialists.

The hospital will continue organizing quarterly Reproductive Health and Infection Prevention assessments and training to improve performance.

In the coming period emphasis will be placed on the Accreditation programme, with an aim to achieve an 80% score in 2026.

Spiritual care must be supported through empathetic health care workers and the Office of the Chaplain. We will continue working with the CCAP to provide a good chaplaincy service with daily coverage and trained counselling.

5.3 Inputs needed

Management commits to supporting senior staff members in the Clinical and Nursing Departments. For the Accreditation programme, equipment and drugs funding will be needed.

Quality clinical services depend on the availability of staff. We will continue lobbying with CCAP and other partners for fair staffing levels – consistent with the number of patients and breadth of services delivered.

6. Public health and primary care services

6.1 Introduction

This chapter necessarily overlaps with chapter 3 and 4 as we always work holistically on health problems. During this cycle we seek to expand preventative efforts to newer areas of need such as road traffic injuries and prevention of smoking. As the government struggles to provide basic sanitation and water, we continue supporting this area.

The Sustainable Livelihoods Programme will continue being an integral part of our work. As "Planetary Health" has become a phrase in health circles, we aim to increase the effectiveness of the Model Village Approach which is essentially long-term agricultural extension work and community organization.

The escalating cost of farming inputs during 2022 has made it very clear that health and nutrition must be achieved through climate-smart and regenerative land use. Non-communicable diseases are now the no. 2 cause of death and need urgent attention.

6.2 Objectives

We aim to improve water and sanitation, as these are basic to health and human dignity. Every village must have a safe source of water and needs latrines at a minimum. Threats that must be controlled are malaria and malnutrition. In malaria control we plan to continue investing in the most appropriate intervention each year, whether it be indoor residual spraying, bednets, education or otherwise. MMH participates with international partners to apply the best possible evidence.

Malnutrition is only sustainably addressed by better food production, which we plan through the Sustainable Livelihoods Programme which will be a major focus in the coming years. Special attention will be given to families caring for orphans, disabled persons or those with palliative conditions. The SLP will focus on adding value to farming produce and the marketing of by-products such as beeswax for which a new member of staff will be appointed. More irrigation sites will be developed.

With increased incidence of floods and extreme weather MMH will consider creating a section for humanitarian assistance within the PHC department.

We will participate in programmes to eradicate neglected tropical diseases carried by government. Since few other actors exist in this field in Mulanje, and the burden is large, we will focus on NCDs through screening, education and treatment and on road traffic accidents in a road safety campaign. Smoking, drug and alcohol abuse and excessive pornography use are very prevalent and we hope to start addressing these too.

Mental health is an area of growing need and the hospital would like to employ a nurse or Clinical Officer specialized in mental health, or train an existing employee.

We strive to continue running a clinic, health checks and supplemental feeding at Mulanje Prison to maintain acceptable levels of health and human dignity.

6.3 Inputs needed

Senior management commits to regular primary healthcare meetings and funding of an accountant managing the programmes. We will continue fundraising for the various programmes and new areas of work, such as for example road safety and antibiotic resistance.

The post of Medical Officer Primary Health Care has improved quality since 2021 and we aim to continue funding it. In due course this may be replaced with a Monitoring and Evaluation officer. Social media and radio are powerful tools to address behaviour and will be included in work undertaken.

The Sustainable Livelihood Programme is the broadest of all our programmes, tackling the root causes of disease and malnutrition. We see potential in learning from other organizations involved in similar work, and field visits must be planned. A major requirement for this programme is excellent community engagement – we believe this is present, but it is never a finished job and needs many staff hours.

7. Youth Work and Orphan/Vulnerable Children Programme

7.1 Introduction

Youth work received a boost since 2020 as the Teenage Pregnancy Prevention programme got underway. A grant was also received to reinforce the youth work, including construction of a social workshop. There are plenty of opportunities to improve livelihoods of young people in Mulanje. The Orphan and Vulnerable Child care programme will continue to be needed, although the number of orphans is gradually reducing due to lower HIV/AIDS related mortality.

7.2 Objectives

A push will be made to boost use of the Youth Centre, which started with renovation and construction of a workshop in 2022.

The overall aim of the Youth work is to make sure that each young person has enough understanding of sexual and reproductive health to make informed choices, and to avoid STI, HIV and unwanted

pregnancies. We aim for a supportive and safe community environment, including health services, where youth can enjoy their life and reach their potential.

Those graduating from the Vocational skills training, mainly teen mothers, will be able to access a social workshop for a period of a year. Concurrently we aim to help youth with schoolwork by providing a library and computer room.

The existing OVC programme will continue whilst constantly seeking ways to improve its efficiency and especially the recognition of abuse.

7.3 Inputs needed

Management support has been steadfast. Strong leadership in the PHC department will be required to make the Youth work a success. For this we also need reliable programmatic support from partners, whom we will inform and keep up to date.

Depending on programmes undertaken, extension of the number of staff in the department may be required. Leadership with good programme management skills is essential and capacity-building funding may therefore be required.

8. Management support for service delivery

8.1 Introduction

The hospital functions independently under a mandate from CCAP Blantyre Synod Health Board. It will be important in the coming period to maintain a professional relationship to the Church, for which the structures are well in place.

Hospital management is critical in achieving the targets set. The hospital needs well-educated leadership, strong day-to-day management of the various departments and strong teamwork across departments to achieve the highest possible quality of care. Areas where management support is especially critical are the supply of medicines, sound project management in the PHC department and the care of very sick patients.

Here we present specific objectives but also current and desired staffing levels (8.4)

8.2 Objectives

Overarching goals are: good governance, increased financial sustainability and reduced donor dependency of the hospital, and increased availability and maintenance of medical equipment. To support this, we will work on efficient transport and replace part of the fleet, maintain hospital buildings and reduce fire risk, improve quality of staff houses and add at least three more houses for staff in new departments. We plan to improve quality and quantity of water further, adding to improvements that have been made already in past years. Likewise progress in solar energy will be maintained through maintenance agreements.

Information technology will be deployed to improve efficiency and security, most notably by exploring the option of a digital storekeeping/patient records/billing system. To safeguard past and new investments, asset management will be improved by implementing a new policy, and the security on campus improved by completing a perimeter fence and maintaining discipline.

The out-patient department is sometimes overfilled. It could be of interest to centralize outpatient services (private and general OPD, orthopaedic and surgical clinics, NCDs, under-fives, possibly ANC), leaving ART and palliative care in the existing spaces. Such an expansion can be combined with a better A&E and minor operating theatre and the laboratory may have to be relocated.

All local NGOs working with us will be expected to sign an MoU before implementation of activities.

8.3 Inputs needed

We plan to be advised on a site plan before embarking on major infrastructure developments. To achieve the objectives above, qualified staff are required. In the current climate we see a reduction in the number of government-supported staff rather than an increase. It may become inevitable to fundraise externally for staff members.

Private services can also help funding improvements in care, and the path towards more private income already taken will be continued. A private ward and mortuary may be good business cases.

However, capital investments are only worthwhile when maintained and used well. To this end we plan to employ a biomedical equipment engineer, have a medical equipment committee in place and perform regular preventative maintenance of buildings, houses and other assets.

We will strengthen implementation of the Occupational Health Policy approved in 2020, which includes annual health screening of all staff, vaccinations for healthcare workers, risk reduction and an annual report on Occupational Health.

8.4 Staffing levels

There are serious staffing problems in Malawi’s healthcare system and also at MMH. This has become acute since a government recruitment ban was instated in November 2021.

The ban came into effect after government claimed that CHAM as a whole has a lot of ghost workers. Despite numerous head count exercises which has proved the contrary, government has not uplifted the recruitment ban. This means that all the nurses and clinical staff that have left, the hospital is not able to replace them under the government payroll creating a shortage of professional staff on the ground.

In order to continue providing quality services, MMH is forced to recruit as replacement of the ones that have left. All these members have to be paid from the hospital account which is a very big strain on the hospital’s finances. As of August 2023 15 nurses, 2 laboratory technicians and 7 clinical officers are paid from the hospital account at a cost of over 7,500 US\$/month.

Our strategic goals will not be achieved in the absence of the required professional staff Moreover, deterioration of quality of care should be expected in the near future unless more funding for staff becomes available.

Looking beyond this acute problem, below is the actual and required staffing per department.

Staff group	Role/grade	Establishment	No. in post (2023)	No. required	Action
Management and allied	PHA	1	1	1	Recruit 1
	SAO	1	1	1	
	MD	1	1	1	
	Accountant	1	1	1	
	Primary Care Coordinator	1	1	1	
	Matron	1	1	1	
	HR	1	1	1	
	Secretarial support	1	0	1	Recruit 1
Clinicians	Medical Officers	2	4	5	Recruit 1
	Chief Clinical Officer	2	1	4	Recruit 3
	Senior Clinical Officer	2	0	3	Recruit 1
	Clinical Officer	4	9	10	Recruit 1
	Intern Clinical Officer	0	2	2	
	Medical Assistant	5	0	0	

Technical	Pharmacy Laboratory Radiology	3 3 2	4 4 2	5 6 3	Recruit 1 Recruit 2 Recruit 1
Nursing staff	Deputy Matron Registered nurses NMT	2 14 38	2 18 43	4 20 45	Recruit 2 Recruit 2 Recruit 2
Support staff	Ward attendants Patient attendants	22 0	29 32	22 0	Use natural wastage

9. Teaching and Learning

9.1 Introduction

We want to grow as a centre of excellence in teaching and learning, where we all learn every day and teach every day. One of the largest challenges in Malawi is lack of practical, quality education for young people. We are committed to help resolve this challenge.

This is partly done through the primary care programmes (supporting education for teenagers and orphans), but also in our day-to-day work as healthcare workers and support staff continue learning and developing.

9.2 Objectives

All nursing and clinical staff are actively engaged in continuous professional development. We expect everyone to attend a session at least once a week, complemented by practical drills.

MMH is an active centre of teaching and learning for all local and visiting healthcare students and staff. All staff are offered a range of opportunities for further study according to the institutional capacity-building plan.

Expatriate internships contain an element of reciprocity through access to digital sources and return visits to sending universities.

In the new Eye Clinic we explore the possibilities of registrar teaching by a consultant.

9.3 Inputs needed to achieve these objectives

MMH will continue to cultivate a culture of learning, formally and informally. We will share what we learnt, for example in patient management but also solar energy, and contribute actively to appropriate research involving and co-authored by MMH staff.

For the Capacity-Building Plan we will need partners willing to fund courses, mostly higher-level management courses and degrees for clinical and nursing staff.

10. Partnerships and communication

10.1 Introduction

Working in partnership is essential – without our communities, local, and international partners, MMH would be nowhere near where it stands today.

MMH management spends a lot of time and energy developing and maintaining relations, reporting on and accounting for funds and will continue doing so.

It is important for us to develop new avenues of support; in the past years CSR contributions have become more important, and social media and digital donations are another way of attracting funding. This has become more important as traditional churches across the world become smaller.

Over the coming years, management strives to increase the number of management members managing (some of the) donor relations to make our system less dependent on individuals. We aim to create a platform with other large mission hospitals to coordinate and increase our reach within Malawi's healthcare system.

Increasing local revenue, for example through private services, must not stand in the way of our primary mission to extend a hand to *all* who need our services. This is a difficult balance to strike and one that needs hospital management and partners to continue discussing.

We have a chance to lend a voice to some of the poorest and most disadvantaged people in the world and aim to involve local communities in our messages in a respectful way, for example by using strict policies around the use of video and photographs of patients. We ask anyone working with us to respect these.

10.2 Objectives

We aim to successfully maintain existing partnerships and develop new ones. Locally we continue investing in working with the Christian Healthcare Association of Malawi (CHAM), MoH, and its local representative, District Health Office.

10.3 Inputs needed

Management commits to financial probity – holding fast to stringent standards in our Finance Manual and maintaining discipline when these are not adhered to.

We strive for a sharing of tasks between different staff members in terms of writing newsletters and making (video) reports. We anticipate a trend towards less narrative reporting and higher demand for audiovisual reporting.

Maintaining a social media presence is important, changing platforms where appropriate.

10.4 Key partners

Key partners	Country of origin	Area of work
Malawi Ministry of Health	Malawi	Staff remuneration
District Health Office		Service Level Agreements Cooperating serving the district
CHAM		Payroll management Staff establishment Advocacy
Mulanje Golf club and other partners		Fundraising
CCAP Blantyre Synod		Oversight and governance
Partners in Hope with USAID		HIV support
National Organization of Nurses and Midwives and Medical Council of Malawi		Medical and Nursing licensing and regulation and CPD
Rotary Limbe		NCD clinics
Other local NGO's		Cooperation in various areas

Mulanje Mission Hospital Strategic Plan 2023-2028

DAK Foundation	Australia	Donation of equipment
PWS&D	Canada	Care of orphan and vulnerable children SMNCH programme
Action Renewables	Northern Ireland	Solar energy
Good Little Company		SL programme, Orphan programme, Malaria control programme
Fane Valley		SL programme
Ardbarron Trust		Malaria control programme
Whiteabbey Presbyterian Church		Capital projects, general funding
Bleubird		Sustainable Livelihoods programme
Ansbach fur Malawi	Germany	Primary School Agriculture programme, general funds
Christian Blind Mission	Germany/Italy	Sustainable Livelihoods, Eye clinic, disability inclusive development
English Reformed Church – Amsterdam	The Netherlands	Regular general funding and annual capital project
Malawi Workgroup Leeuwarden		Donations for drug supplies, water and solar infrastructure
Maja Foundation		Palliative Care
Stichting Nieuwe Waarde		School Agriculture Programme, Eye/Rehab clinic
Stichting Steun Malawi		Sustainable Liveilhoods, general
Verburg Charity Foundation		Capital projects (youth centre, housing, eye clinic), relief
Wilde Ganzen		Support for capital, relief programmes
Greenpop	South Africa	Treeplanting programme
Church of Scotland	Scotland	General funding, bed sponsorship
St George's and St Andrew's West, Stockbridge churches		Prison health programme
West Lothian Presbytery (various churches)		General funding, bed sponsorship
EMMS International		TB, Covid-19, WASH work (Mokwanira project) Capital development at MMH (solar, water) Teenage pregnancy prevention
Sight2020	UK	Eye clinic equipment, service
The Camellia Foundation		Capital projects
MMH UK Charitable Trust		General funds, drugs
WhiteAbbey		General funds, treeplanting
Blacksburg presbytery	USA	SL programme, CBP
Copper Creek Church		WASH
Presbyterian Church of the USA		Palliative Care programme
Brother's Brother Foundation		Medical equipment shipments
Medical Benevolence Foundation		Surgery

Appendix – Monitoring and Evaluation Framework

A. HIV/AIDS, Tuberculosis and Palliative Care

Objective 1: Reduced new cases of HIV/AIDS					
Activities	KPI#	Baseline (date)	Target (date)	Progress (date)	Owner
Implement HIV self-testing	No. of HIV confirmed positive (15-49 years) new cases	296	200		PHC
	% of self-tests coming back positive	0.6% (6 from 1085)	8% (prevalence)		PHC
Perform HIV index testing	No of people index tested	342			PHC
Provider Initiated Testing and Counseling	No of PITC done at the hospital (15-49)	14.297	20.000		PHC
	% of inpatients tested during admission	2828/6433 (44%) (includes all pts, also paed and known hiv+ pts.	60%		PHC
	No of STIs detected	2112	2500		PHC
	No of days that HIV test kits are out of stock	0	0		PHC
Ensure availability of condoms including through CBDAs	No of condoms distributed	7332	10.000		PHC
Increase number of outreach clinics providing ART	No of clinic days held per year	353	400		PHC
Work with Youth clubs	No of active Youth Clubs	45	50		PHC

Objective 2: Achieved 95/95/95 treatment & suppression targets					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Provide testing, especially to risk groups	% of positive HIV tests	2.2%	3%		PHC
Improve access to ART	% known HIV +ves who are initiated on ART	309 (104%)	100%		PHC
Improve adherence to ART once initiated	% of patients on ART retained in care and adhere to ART	78% (240)	95%		PHC
Ensure optimal clinical management	% of patients tested VL and % with undetectable viral load	3435/6505 (53%) 3321 (97%)	100% 95%		PHC
Establish sex worker groups	No of participant sex workers	0	10		PHC
Provide discordant couple support	No of couples counselled on positive living	17	30		PHC

Mulanje Mission Hospital Strategic Plan 2023-2028

Objective 3 Improved TB care and integrated TB/HIV services					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Improve detection of TB	No of new confirmed TB cases	144	200		PHC
Have active CSCPs	No of community sputum collection points active	5	10		PHC
Test all TB cases for HIV	% TB cases tested for HIV	100%	100%		PHC
Reduce defaulting rates	TB defaulters as % of all cases registered	0	0		PHC
Establish proper follow-up of defaulters	Follow up of TB treatment defaulters and returned to care	0	0		PHC
Establish cough booth and relocate TB office	Cough booth and TB office are up to standard	0 0	1 1		PHC+ PNO

Objective 3 Quality PMTCT service					
Activities:	KPI	Baseline (date and period)	Target (date and period)	Progress (date and period)	Owner
Test all ANC clients	% ANC pts who know their HIV status	100%	100%		PHC
Conduct PMTCT to all HIV+ pregnant mothers	% HIV positive mothers offered ART	100%	100%		PHC
	% who start PMTCT and continue until delivery	90%	95%		PHC
	% clients continue ART once delivered	90%	95%		PHC
	% of infants contracting HIV perinatally	0.83% (exposed infants – lost to follow up/confirmed infected)	0%		PHC
Extend PMTCT to community clinics	No. of health posts offering PMTCT	12	12		PHC
Test all exposed children 6 weeks after birth	% of exposed children who come early to HTC/DBS	90%	100%		PHC

Objective 4: Maintain advanced HIV clinics					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Conduct advanced HIV clinics	No of advanced HIV clinics held	0	4		MO-ic
	No of clients registered	0	50		MO-ic

Mulanje Mission Hospital Strategic Plan 2023-2028

Create space for chemotherapy	No of clinical spaces in use	0	1		MO-ic
-------------------------------	------------------------------	---	---	--	-------

Objective 5 Provision of quality palliative and home based care					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Continue providing daily clinics by qualified staff	No of patients registered	221	300		PHC
	No of clinic visits	1867	2000		PHC
	No of clients receiving spiritual care by chaplain	10	50		PHC
Do homevisits to PC patients	No of home visits	47	60		PHC
Improve PC to children	No of HCW trained in children's PC	5	8		PHC
Train and maintain volunteer network in the community	No of active volunteers	72	144		PHC
Provide nutritional support to PC patients	% of patients who are well nourished	68.3%	90%		PHC

Objective 6: Expanded palliative care programme to support caretakers					
Activities:	KPI	Baseline (date and period)	Target (date and period)	Progress (date and period)	Owner
Introduce day care activities to reward guardians and support patients	No of activities done to reward guardians and support patients	0	4		PHC
	No of recreational activities conducted (either in existing or new structure)	0	4		PHC

Objective 7: Improved livelihoods of PC patients' families					
Activities:	KPI	Baseline (date and period)	Target (date and period)	Progress (date and period)	Owner
Develop business opportunities and farming enterprises	No of farming and other business opportunities developed	0	90		PHC
	No of small loans provided	0	90		PHC

B. Maternal, Neonatal and Child Health

Objective 1 Improved uptake of family planning, especially long-term methods					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Promote uptake of (long-term) FP methods	% and no of women choosing a long-term FP method	3%	10%		PHC
	No of active CBDAs	59	72		PHC

Mulanje Mission Hospital Strategic Plan 2023-2028

	No of outreach clinics providing LTFP methods	5 Chibathi Ekhamuno Chidyang'ombe Sikoya Luwanje	12		PHC
--	---	---	----	--	-----

Objective 2 Improved community participation and early ANC					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Improve community participation in MNCH	No of persons and villages active in VSMC	531 72	531 72		PHC
Increase number of women starting ANC in 1 st trimester	% of first ANC visits in 1 st trimester	5%	90%		PHC
Ensure quality ANC is provided	% AN patients receiving 2 doses fansidar	8%	90%		PHC
	% of women who received ITN	28%	50%		PHC
	% AN pts screened for syphilis	1707 (63%)	90%		PHC
	% of women with hb check twice during pregnancy	1902 (70%)	90%		PHC
	% of women received at least 120 tablets of f/s and % of women dewormed	17%	90%		PHC
		0%	90%		
Maintain deliveries done by SBA	% of deliveries by SBA	96.2%	99%		PHC
Reduce teenage pregnancies	No and % of teenage pregnancies	681 (25% of pregnant women)	20%		PHC
Reduce maternal deaths and NNDs	No of NNDs and MDs	NND's: 32 MD: 1	20 0		PHC
Increase learning from deaths and near-misses	% of maternal and neonatal deaths and near misses audited	100%	100%		PHC
Maintain appropriate C/S rate	C/S rate	25%	15-25%		PHC

Objective 3 Reduced under-five mortality					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Improve immunization coverage	% of children fully immunized (can be split out for campaigns such as polio)	93%	100%		PHC
Organize Child Health days (deworming, growth, advocacy and education)	No of days held and children attended to	0	2		PHC

Mulanje Mission Hospital Strategic Plan 2023-2028

Ensure ETAT is used in OPD	No of HCW oriented on ETAT	42	50		PHC
Implement malaria control strategy (see environmental health too)	Confirmed new malaria cases in under-fives	778	500		PHC
	No of children died of malaria in catchment area	0	0		PHC
Provide training and mentoring in major illnesses of childhood	No of staff oriented in mgt of diarrhoea and ARI	0	50		PHC
	No of admissions and death due to ARI and diarrhoea	ARI 6 Diarrhoea 3	0 0		PHC
Improve prevention and care of malnutrition	No of children registered with severe acute malnutrition	61	40		PHC
	Patients admitted in hospital with SAM	39	26		
	No of children died of SAM	8 (13%) 20% of admitted SAM	4 (10%)		PHC
	% of SAM deaths audited <72hrs	100%	100%		PHC
Improve growth monitoring by volunteers	No of growth monitoring volunteers supervised	78	78		PHC
	No of sites where growth monitoring takes place	9	12		PHC

Objective 4 Reduced cervical cancer rates					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Provide VIA at MMH and in most outreach clinics	No of women undergoing VIA	2.234	3000		PHC
	% of women living with HIV accessing ART at MMH who are eligible for VIA who have undergone VIA in the last year	87%	95%		PHC
	No of sessions in outreach clinics	8	8		PHC

Objective 5 Improved child health (6-12 yrs)					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Provide dental visits to primary schools	No of schools and children consulted	0	20		PHC
Provide agricultural and nutrition training at schools (see also SL)	No of pupils and teachers taking part	14.986 (15 primary schools)	20.000 (20 primary schools)		PHC
Advocate for and help implement improved water and sanitation on	No of latrines constructed at schools	0	5		PHC
	No of new water sources realized	0	5		PHC

schools					
---------	--	--	--	--	--

Objective 6 Respectful maternity care provided to each client					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Regularly collect feedback from clients	No of clients giving feedback	0	20		PHC
	No of staff assessments where respect is included in scoring system	1	2		PHC
Availability of ombudsman and complaints mechanism	Ombudsman is available	1	1		PHC
	No of issues handled	2 verbal/week 1 written/month 100% addressed Suggestion boxes	Maintain 100% Open suggestion boxes monthly		PHC

C. Inpatient Services and Accreditation/Quality Improvement Programmes

Objective 1 Have a well trained workforce					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Make sure all staff know relevant policies, guidelines and standards	No of CPD sessions organized	40	40		PNO
MMH Policy document available	Properly indexed book available	Now all separate docs	1		PHA
Reinforce development use of guidelines and standards in patient care	No of MMH guidelines available	4 (NCD, paed and adult HDU, maternity)	6		PNO
	No of clinical Audit sessions done annually	1	Monthly		
	Guideline app functional	0	1		

Objective 2 Highest possible level of care is achieved					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Ensure adequate staff allocation incl HDUs	Staffing is adequate	No regular nurse presence in adult HDU	5 critical care nurses		PNO
Promote evidence based practice by ensuring periodic review of protocols and policies	Frequency of protocols reviews	Not happening regularly	Policies and guidelines revised every 3 years		PNO

Mulanje Mission Hospital Strategic Plan 2023-2028

Ensure proper monitoring, e.g. vital signs, intake and output.	No of Audits - Clinical audits - Documentation audits Inpatient mortality	0 0	Monthly Monthly Monthly		PNO
Medicine errors are reported	No of medicine error reporting audits	0 0	Monthly		PNO
Maintain HDUs	No of adult and children HDU Admissions	6-7/month adult 30/month paedes	30/month adult		PNO,MD, MOic
Ensure diagnostic investigations are done on time.	No of Complaints received	-	0		MO-ic, PNO
Resuscitation trolleys up to date	Percentage of trolleys up to date	20%	90%		
Regular resuscitation training	Percentage of new staff receiving resusc training	0%	100%		PNO
Drills are organized weekly	No of drills organized				MO-ic

Objective 3 Accreditation is achieved

Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Continue implementing all standards	No of stars achieved	0	4 stars		All, PNO lead

Objective 4 Quality assurance system and customer care in place

Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Reinforce use of suggestion boxes	Number of suggestion box complaints resolved	0	All complaints		PNO
Conduct customer care trainings.	Percentage of staff trained in customer care	0	100%		
Conduct patient exit interviews	Number of exit interviews conducted per month	3 per month	10 per month		
QI Projects in each department ongoing	No of QI projects per department	0	1 per department annually		PNO, MOic

Objective 5 Positive attitude of HCW for each client

Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Set up rewarding system	No of HCW oriented	0	100		HR
Conduct performance appraisals and rewards	No of timely appraisals done and rewards given	+/- 50%	100%		HR

Objective 6 Essential medicines, resources and equipment available at all times					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Increase budget allocation to drugs	No of stockouts of key drugs	Stockouts happen quite frequently	No stockouts		Acc
Maintain drug account and strictly dedicated to medicine and supplies.	Drug A/C maintained	Already in place	In place		Acc
Reinforce Medical Equipment committee	Medical equipment management policy developed and approved	0	1		PNO,MO-ic
	Establish medical equipment management team	0	1		
	No of Medical management team meetings	0	4		
Maintain inventory of equipment	Inventory developed	0	1		PHA, PNO
Employ Medical Equipment Technician	Medical equipment technician employed	0	1		PHA
Staff training on use of med equipment	Percentage of HCW trained in medical equipment management	20%	95%		PHA

Objective 7 Rates of infection are low					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Surgical infection prevention adhered to	No of patients undergoing CS developing infection	0.1%	<0.05%		PNO,MO-ic
	Number of cataract surgeries with post surgical endoftalmitis		<0.15%		
Support IP Committee	Number of IP committee meetings held annually	8	12		PNO
	Number of internal IP assessments done	2	4		
Improve hand hygiene practices	Number of hand hygiene education sessions to patients per month	0	4 per month (once a week)		PNO
	Number of hand hygiene CPD to staff	0	2 annually		
	Number of hand	0	4 (On quarterly		

Mulanje Mission Hospital Strategic Plan 2023-2028

	hygiene audits		basis)		
Strengthen IP activities, e.g. hand washing, decontamination and use of PPE's,	Supervision by IP Committee	86%	95%		PNO
	Number of PPE audits conducted	0	Monthly		
	Score of assessments by national supervisors	44%	90%		
Ensure availability of adequate supply IP materials, e.g. PPE's, chlorine, soap.	Number of stock outs of IP materials	infrequent	never		PNO
Ensure quarterly assessment on IP in each and every department by QIST and give a trophy to a winning department.	Number of quarterly assessments done annually	2	4		PNO
Training the new recruited staff on IP. Refresher course on IP every two years.	Percentage on new staff trained in IP	72%	95%		PNO
	Percentage of staff receiving refresher training in IPC	65%	95%		

Objective 8 Rehabilitation service is available					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Recruit Physiotherapist	No of physiotherapists at the hospital	0	1		HR
Employ rehabilitation tech	No of rehabilitation techs	1	2		
Equip new Physio clinic	Physio clinic equipped	0	1		PNO,MD

Objective 9 Orthopedic care is available					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Train OCO and nurses	No of OCO and nurses trained	0	2		PNO,MD
Equip orthopedic clinic	Orthopedic clinic equipped	0	1		MD

Objective 10 Eye care is available					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Train Opth CO	Numbers trained	0	2		PNO,MO-ic
Train eye nurses		0 (just started)	3		
Equip the clinic		1	1		PNO,MD

Objective 11 Improved Critical Care and survival of critical patients					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Work with HDUs (Adult and Paeds)	In-patient mortality	2,7% (jul-dec 22)	<2%		PNO,MO-ic
Train Nurses in critical care Nursing	Number of Critical care Nurses available	0	3		
Improve post-op recovery care	Presence of trained HCW at each case	4%	100%		PNO

Objective 12 Surgeries are safely done					
Activities:	KPI	Baseline (Date)	Target (Date)	Progress(date)	Owner
Train staff in surgical safety	Number of HCW trained in surgical safety	0	95%		
Introduce surgical checklist	Number of files with properly filled checklist	0	100%		
Reinforce swab count during procedure	Number of files with documented swab count	<10%	100%		
Improve Infrastructure in theatre to adhere to IP standards	Theatre infrastructure improved	Some challenges e.g. circulation not ideal	No challenges		

Objective 13 Mental health services in place					
Activities:	KPI	Baseline	Target	Progress	Owner
Train Psychiatric nurse	A trained psychiatric nurse is available	0	2		
Train a Psychiatric clinician	A psychiatric clinician is available	0	1		
Introduce psychiatric clinic	Number of patients attended to in psychiatric clinic	0	200/year		

Objective 14 Chaplaincy is well supported and in place					
Activities:	KPI	Baseline	Target	Progress	Owner
Chaplain is available	A chaplain is available office hours and on request during off-hours	In place	Maintain		
Staff are sensitive to spiritual needs and know when to refer	Staff attitudes and knowledge	Not much attention provided yet, 3 trained in spiritual care + palliative care providers	Train all HCW		

D. Public Health and Primary Care Services

Objective 1					
Quality water and sanitation for each household					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Drill and maintain boreholes	No and % of villages with well working borehole	Difficult to check because other partners have also drilled	All 72 villages in catchment area		PHC
Water point committee training	No of boreholes with WPC	3	5		PHC
	No of water samples in villages tested	0	10		PHC
Prepare for cholera outbreaks	Cholera committee is active	1	1		PHC
	Isolation ward and equipment are available	1	1		PHC
Implement community led total sanitation	CLTS is triggered in T/A	1	2		PHC
	No of ODF free villages	18	74		PHC

Objective 2					
Malaria no longer a serious burden of disease					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Provide LLITN	% of population sleeping under LLITN	52.453 (52%)	100%		PHC
Indoor Residual Spraying	No of persons covered with IRS	12.767	40,000, as long as needed		PHC
	No of under-five deaths due to malaria	0 (2021/22)	0		PHC
Distribute IPT to pregnant patients	% of pregnant women receiving IPT	28%	100%		PHC

Objective 3					
Improved nutrition with no malnutrition					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Advocate for support for adults with malnutrition	No of donors supporting	0	2		PHC
Provide food support to malnourished adults and children	No of patients benefitting	85	100		PHC
Continue farming training through SL programme	No of farmers participating	8396	16000		PHC

Objective 4					
Management of NCDs accessible to the whole catchment area					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Raise awareness on high BP, diabetes,	No of communities reached	0	30 villages		PHC

Mulanje Mission Hospital Strategic Plan 2023-2028

	No of screenings done	0	40.000		PHC
Improve glycaemic and BP control	% of patients with well controlled DM and BP	28%	50%		PHC

Objective 5 Climate-smart, sustainable agriculture and livelihoods in the area					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	PHC
Train farmers	No of farmers involved in SL programme	9.800	12.000		PHC
Tree planting	No of trees planted annually	67.000	70.000		PHC
	Survival rate of planted trees	50%	70% (2024)		PHC
Irrigation scheme development	No of farmers involved	270	300		PHC
Development of small businesses	No of businesses established (bees, tailoring, etc.)	9.500	10.000		PHC
Roll out CCM cookstoves	No of stoves in use	1625	20000		PHC
Teach primary school children	No of children taking part in SL programme	14896	24000		PHC

Objective 6 Reduced no of road traffic accidents					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Conduct Road Safety Campaign	No of sessions held	0	12		PHC
Promote use of helmets	No of motorcycle taxi clients wearing helmets	NA	100%		PHC

Objective 7 Reduced intake of alcohol, tobacco and drugs					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Sensitization sessions	No of persons reached	0	6, one bi-monthly		PHC

Objective 8 Neglected tropical diseases and helminths are controlled					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Support government onchocerciasis, schistosomiasis, helminth control programme	No of patients treated	39.013 (85%)	45.871 (100%)		PHC

Objective 9 Mental health service (out-patient) is in place					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Recruit or train practitioner	Clinics take place	0	1		MO-ic

E. Youth Work and Orphan/Vulnerable Children Programme

Objective 1 Youth Friendly Health Services provided daily					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Work with community leaders and youth clubs on SRH	No of people reached	1530	2500		PHC
Provide family-planning and SRH services	Number of teenage pregnancies	681 (25%)	545 (20%)		PHC
	Number of consultations	2337	3000		PHC
Implement National YFHS policy	Implementation rate	0	1		PHC
Develop a Youth Policy including visibility of YFHS at the hospital	Policy available	0	1		PHC
	No of information materials publicly visible	0	20		PHC

Objective 2 Youth participate in SRH health care and and promote healthy behaviour					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Community dialogue sessions incl work with godmothers on reforming initiation rituals	No of participants	100	300		PHC
Youth Conferences (boys/girls)	No held and participants	50	200		PHC
Young mother groups	No formed and active	0	10		PHC
Life skills training	No held and participants	50	300		PHC
Work with positive role models	No of sessions	0	4		PHC

Objective 3 Reduced rate of teenage pregnancies See under 'MNCH'					
---	--	--	--	--	--

Objective 4 Advocacy for young people in Malawi exists and MMH supports them in achieving potential					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Develop proposals for innovative youth work	No of successful proposals/programmes	1 proposal/ Programme to be rolled out	1		PHC
Network with	No of links set up	2	4		PHC

Mulanje Mission Hospital Strategic Plan 2023-2028

other institutions					
Establish a library with textbooks and computer at Youth Centre	No of children accessing the library and computers	0	2000		PHC

Objective 5 Improved access to sports and games including SRH sessions					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Make an equipped sports court available	Court is present	0	1		Admin
SRH discussions organized at sporting events	No of SRH discussions	0	12		PHC
	No of competitions organized	0	4		PHC

Objective 6 Increased enrollment in school and vocational skills training					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Enroll girls and boys		60	80		PHC

Objective 7 Continued provision of a quality OVC Programme					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
OVC are supported in nutrition, school, health and psychosocial needs	No of OVC enrolled	550	700		PHC
Safeguarding cases taken to safeguarding committee		3	5		
OVC in SL program	No of OVC participating in the livelihoods program	355	550		
OVC participating in vocational skills training	No of OVC participating in the vocational skills training program	47	60		
	% of OVC vocational skills graduates with full time employment	14/90 = 14%			

F. Management Support for Service Delivery

Objective 1 Good governance practices					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
MMH reports to	No of meetings	2	Every quarter		PHA, MD

Mulanje Mission Hospital Strategic Plan 2023-2028

Synod Health Board meetings quarterly	reported to				
Financial audit will be done within 3 mo following YE and report out not more than 4 months after YE	Audit report to be approved by Board end of first quarter in the following year	Quarter 3 or 4	Quarter 1	Quarter 1	ACC
Audit report findings worked on	Audit report has no high risk areas and <3 medium and low risk areas	March 2023: 10 risks (no classified)	Next audit	End of preceding financial year	PHA
Management meetings to be held monthly	No of management meetings per year	Monthly	Every month-end	Monthly	MD
Management decisions will be shared with staff and Staff Union	Frequency of Staff union – management meetings held and minutes available	Not happening	Quarter 1	Quarterly	PHA
Financial Manual is adhered to	Financial processes are in line with MMH financial manual (completed 2022)	Mostly happening	100% adherence	On going	Acc
Internal Procurement Committee work in line with Financial Manual	Minutes are timely and of good quality	Mostly adhered too	100% adherence	Monthly	PHA
Active relationship with Hospital Advisory Committee is maintained	Minutes of meetings	Happens about twice/year	Quarterly minutes	Quarterly	PHA
Objective 2					
Grow MMH into a more financially self-sustaining organization					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Scale up private services (OPD and inpatients)	Revenue from private services as % of total	+/- 10%	Private patients revenue to contribute 30% of total sales (+10% each year)		All
Plan construction of separate private ward	Business case analyzed Completed	Not yet	By 2027		PHA
Introduce other fee paying services Private mortuary Consider business case for satellite clinic/pharmacy	No of services introduced on fee paying structure - clinic Service being provided Business case analysed	Not in place	2024 2024 2024		PHA
Implement combined digital patient information, store and billing system (digitize the system)	No of departments managed electronically (procure billing package)	Not in place	In place by 2024		PHA,Acc
Expanding the range of business partners	No of new contracts signed	1 (foodhandlers Satemwa, 2023)	Increasing to other businesses		PHA

Objective 3 Staff appraisal and performance related remuneration					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Annual appraisals are done for all staff annually	% of staff appraised in last 12 months	+/- 60%	100%	December each year	HR
Develop system for rewarding highly performing staff	Develop policy on performance versus reward	Not in place	In place by 2025		HR

Objective 4 Qualified technical and support personnel available					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Support staff through staff loans, care of carers, etc	Staff able to access loans	Ongoing	Keep in place		HR
Attend Weekly CPD for nurses and clinicians	No of sessions held Attendance % of staff with adequate CPD points	Weekly held 80-90% have adequate CPD	On going 100% adherence		MO-ic, PNO
Staff are regularly participating in refresher trainings	No of staff attending refreshers	Refreshers are held but irregularly	Keep organizing esp. practical training		PNO, MO-ic
Clinical and Nursing staff participate in weekly drills	No of drills organized per year	<10	50		MO-ic
Fire fighting training	No of staff oriented	Almost none	All	On going	PHA

Objective 5: MMH has efficient major equipment					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Solar and back-up system working and under maintenance contract	No of breakdowns per year	1-2 a year No maintenance contract 2024	Maintain breakdowns to maximum of 2 Sign mtce contract	2024 Jan.	PHA, MD
X-ray machine working and maintained at least annually	No of breakdowns No of mtce visits	0 1 in 2 years	0 Annually		PHA, MD
Recruit biomedical engineer	Posts filled	0	1 – 2024		PHA
Replace obsolete equipment and furniture	Procurement of new equipment	Furniture is outdated	Ongoing		PHA
Replace mortuary fridge	Procurement of new equipment		2024		PHA
Ensure monitor for vital signs available on all wards,	Procurement of additional monitors	3 in 2022	3 more in 2024		PNO,PHA, MD

Mulanje Mission Hospital Strategic Plan 2023-2028

reducing cost of batteries					
Wheelchairs and trolleys available in adequate numbers	No of wheelchairs and trolleys available	WC: <10 Trolleys:2	WC: 20 Trolleys:4		PNO
Maintain/replace autoclaves CSSD	No of working autoclaves CSSD	1 large 1 small	2 large 1 small		PNO

Objective 6 Transport is efficient and cost-effective					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Develop transport schedule	No of combined trips	Rare	Regular		PHA
Implement fleet servicing and replacement plan	Plan in place	0	1 (2023)		PHA
Replace hospital van	Availability of reliable van for transport	Aging van available with high cost of maintenance	Van <6 years old 2024		PHA
Replace 2 Landcruiser ambulances	Availability of reliable landcruisers	2 good available 2 aging	4 reliable cruisers 2026		PHA
Procure 1 small vehicle	Availability of small vehicle	0	2023		PHA

Objective 7 Hospital buildings are effective and in good condition, minimal risk					
	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Out-patient services are centralized and improved	Expanded OPD building in place with A&E, centralized reception	No	Yes – 2026		MD, PHA
Replace fire extinguishers	Well working and serviced fire extinguishers	3 in place	Each department (10)		PHA
Roofs are maintained and painted every 4 years	No of roof leaks and damage	Rare	None		PHA
Internal refurbishments are done when needed	Appearance of buildings is good, painted every 3-4 years	Mostly in order except MCH and Theatre	All in order		PHA

Objective 8 Staff housing is adequate number and in good condition					
---	--	--	--	--	--

Mulanje Mission Hospital Strategic Plan 2023-2028

Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Construct more houses for ophthalmology, physio	No of houses added	0	3 by 2024		PHA
Construct apartments in existing PHC building, replacing poorest housing	No of apartments constructed	0	4 by 2024 4 by 2026		PHA
Rentals allow for proper maintenance of staff houses	No of houses refurbished/year	+/-3	10 Ongoing		PHA

Objective 9 Quality water is available on campus					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Test&treat water from all 3 boreholes quarterly	No of samples tested Water treated	Irregular Irregular	12/year 2023 Always when needed		PHC
Install sandfilter	Filtered water available	0	1 (2026)		PHA
Increase no of storagetanks around staff houses	Less water shortages for staff	Regular in dry season	40,000 L (2025)		PHA, MD
Replace galvanized pipes	Gradual move to pvc pipes	In progress	Completed by 2027		PHA

Objective 10 IT is used to reduce cost and improve security					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Replace computers	New computers are procured		2024		PHA
Digital billing and stock keeping package, possibly incl HR	Digital packages are procured	Not in place	Assess examples 2023 Plan &implement 2024		PHA

Objective 11 Occupational health service for staff is in place and being monitored					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Health screening for al workers annually including DM, HTM	% coverage	Not happening	100%		PNO
Hep-B, C-19 vaccination for HCW	% coverage	Happens irregularly	100%		PNO

Mulanje Mission Hospital Strategic Plan 2023-2028

Review all cases of >3 mo sick leave	% coverage	Irregularly	100%		HR, MO-ic
Occupational health report produced annually	Annual report discussed	2022 – not yet done	From 2023 annually		PNO

Objective 11 Efficient asset management is in place					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Implement asset registry and policy	Policy in place Register in place	None Incomplete	1 (2023) Complete (2023)		Acc

Objective 12 Good security exists on campus					
Activities:	Adequate lighting is available	About 50%	100%		Owner
Install (solar) street lights	Adequate lighting is available	About 50%	100%		PHA
Complete hospital perimeter fence	Fence or wall in place	75%	100% (2025)		PHA
Install fire alarms	No of depts with alarms	4	All (12)		PHA

G. Teaching and Learning

Objective 1: Weekly CPD opportunities					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
All nurses and clinicians involved and keeping records of the CPD attended	% of HCW with >30 hrs recorded	+/- 80%	100%		MD, PNO

Objective 2: CB plan active					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Seek new partners for Capacity Building	No of staff on CB	7, 4 funded	7, all funded		MD

Objective 3: MMH is a teaching centre for Malawi					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Maintain CoM FM placements	CoM FM placements	In place	Maintain		MD
Elective students have weekly tutorials	No of tutorials given	In place	Maintain		MO-ic
Encourage student placements in all areas	Departments receiving students	All except rehab, dental, xray	All if desired by dept		MD
Ensure agreed no of PH, EHO, CMA etc students is not	Numbers agreed	To be agreed			MD

Mulanje Mission Hospital Strategic Plan 2023-2028

exceeded					
Develop and formalize relationship with MMCNM for student placements	MoU in place and honored	Not in place	To be agreed		PHA
Explore opportunities for specialist Drs training (eg. Family Medicine, Ophthalmology)	Discussions held	Currently not taking place	To be agreed with training institutions		MD

Objective 4: Opportunities to expatriate medical and other students are provided					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Students do rotations	No of students visiting	4 at any given time	Maintain 4		MO-ic
High quality internships are offered	Students rating of the programme	Generally good	Maintain high quality		MO's

Objective 5: Reciprocity and equitability in medical and other electives is ensured					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Work with sending institutions to ensure reciprocity	No of services (Library, medical databases) accessible to staff	0	3 (pubmed, UptoDate, zoom subscription)		MD
Organize staff visits to sending hospitals/univ	No of staff visits	0	1/year (2024)		MD

H. Partnerships and Communication

Objective 1: Informative and attractive website is live					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Do regular posts	No of posts/month	1	2		MD+all
Website has mobile-friendly homepage		Not very attractive	Modern homepage		MD

Objective 2: MMH is an member of CHAM, national international and regional activities					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
MaSP meetings attended Zone meetings attended CHAM meetings	Percentage of meetings attended	PHA attends regularly	Keep attending		PHA
To work closely with MoH and govt health services incl DHO	Active SLA	SLA signed (budget ceiling)	SLA's signed with adequate coverage		PHA, MD
To regularly organize community feedback sessions	No of community feedback sessions	1 (2022)	annually		PNO, PHC

Mulanje Mission Hospital Strategic Plan 2023-2028

Objective 3 MMH publishes quarterly newsletter					
Activities:	Distribution list size				Owner
All depts contribute	No published/year	4	4		All

Objective 4 MMH has presence on social media					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Maintain facebook, Instagram and twitter account (add new/delete where needed)	Type of social media account maintained	All maintained	Keep posting at least every 2 weeks		MD with material gathered from all departments

Objective 5 Staff have skills in video reports					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Develop capacity amongst staff	No of staff making video reports for partners	0	2 (2023)		MD

Objective 6 MMH welcomes visitors					
Activities:					Owner
Introductory ppt updated annually	PPT updated	1	1 (2023)		MD
Admin staff oriented to host visitors	No of admin staff oriented	0	2 (2023)		PHA

Objective 7 Staff use IT and social media responsibly					
Activities:	No of staff oriented on new policy	0	100 (2023)		Owner
Develop and implement social media and personal IT use policy for staff	Staff Social Media and IT Policy	Not in place	In place		PNO,MD

Objective 8 Increased amount of donations from within Malawi					
Activities:	KPI	Baseline (date)	Target (date)	Progress (date)	Owner
Use Airtel Money account for donations from Malawi	Amount received /yr in MWK	0	300,000 (2023)		MD,PHA
Develop "Friends of MMH" more	No of activities held	0	2		PHA

End of document